

DOC B 0 3/15/99

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>WY</i>		<i>1/8/99</i>
I.P.E. CLASSIFIER		<i>25</i>	<i>02-10-99</i>
FINALITY REVIEW	<i>W</i>	<i>67479</i>	<i>2/19/99</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)..... Canceled A Appeal
÷ Restricted O Objected

Claim		Date									
Final	Original	1	2	3	4	5	6	7	8	9	10
1	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	14	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	15	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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18	18	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	19	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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50	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Claim		Date									
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)